

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a NEW HATCH BLANK FOR EACH CHILD, and mark the first-born, No. 1. THE OTHER, No. 2, etc. in question 6.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

1682

County of York
Township of Hartsville
or
Inc. Town of.....
or
City of.....

Registration District No. 27.04. Registered No.
(For use of Local Registrar)

(2) Full Name of Child Jessie Loom

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy (4) Twin or Triplet? 7 (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 22 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Elmer Loom
(9) PRESENT POSTOFFICE OF FATHER Lugoff S. C.
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 12

(14) NAME BEFORE MARRIAGE Delcie Starling
(15) PRESENT POSTOFFICE OF MOTHER Lugoff S. C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 44 (Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Rebecca Anderson

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

19
Registrar

(27) Filed

(28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.